

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/553247

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
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TOTAL IND.	/		/			
TOTAL DEP.	16	↔	16	↔	↔	
TOTAL CLAIMS	17	[REDACTED]	17	[REDACTED]	[REDACTED]	

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
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TOTAL IND.		↓		↓		↓
TOTAL DEP.		↔		↔	↔	↔
TOTAL CLAIMS		[REDACTED]		[REDACTED]	[REDACTED]	[REDACTED]